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CONFIRMATION NO. 3884

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APPLICANTS									
Joseph Mi	chael	Lindacher, Lawrencevi	lle, GA;						
Courtney Flem Morgan, Alpharetta, GA;									
** CONTINUING This appln ** FOREIGN APF	claim	s benefit of 60/443,400		2003 SAS					
IF REQUIRED, F ** 05/03/2004	OREI	GN FILING LICENSE (GRANTE	ED .					
Foreign Priority claimed yes I no 35 USC 119 (a-d) conditions yes I no Met after Allowanga Verified and Acknowledged Examiner's Signature Initials			_	STATE OR COUNTRY GA	DRAWING CLAI		TOTA CLAIN 58	vis.	INDEPENDENT CLAIMS 4
ADDRESS 31781 CIBA VISION CO PATENT DEPAR 11460 JOHNS CF DULUTH , GA 30097-1556	TMEN	IŤ							
TITLE Ophthalmic lense:	s							•	
FEES: Authority has been given in Paper No to charge/credit DEPOSIT ACCOUNT No for following: RECEIVED						All Fees 1.16 Fees (Filing) 1.17 Fees (Processing Ext. of time)			